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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/088588</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51	
2		1		1		1	52	
3		1		1		1	53	
4		3		3		3	54	
5		3		3		3	55	
6		3		3		3	56	
7		1		1		1	57	
8		1		1		1	58	
9		1		1		1	59	
10		1		1		1	60	
11		4		4		4	61	
12		5		5		5	62	
13		5		5		5	63	
14		5		5		5	64	
15		1		1		1	65	
16		1		1		1	66	
17		1		1		1	67	
18		1		1		1	68	
19		1		1		1	69	
20		1		1		1	70	
21		1		1		1	71	
22		1		1		1	72	
23	1		1		1		73	
24		1		1		1	74	
25		1		1		1	75	
26		3		3		3	76	
27		3		3		3	77	
28		3		3		3	78	
29		1		1		1	79	
30		1		1		1	80	
31		1		1		1	81	
32		1		1		1	82	
33		1		1		1	83	
34		1		1		1	84	
35		1		1		1	85	
36						1	86	
37						1	87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		2		2			TOTAL IND.	
TOTAL DEP.		100		100			TOTAL DEP.	
TOTAL CLAIMS		102		102			TOTAL CLAIMS	